

OFFICIAL 001

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant (s): Chung P. Park

Application No.: 09/762,161

Group Art Unit: 1711

Filed: May 27, 1999

Examiner: Morton Foelak

For: FOAMS USEFUL IN SOUND MANAGEMENT

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GROUP 1700

I HEREBY CERTIFY THAT THIS CORRESPONDENCE, COMPRISING A TOTAL OF 2 PAGES (ORIGINAL PLUS COPY), IS BEING TRANSMITTED TO FAX PHONE NUMBER (703) 872-9310 OF GROUP ART UNIT 1711 OF THE UNITED STATES PATENT AND TRADEMARK OFFICE ADDRESSED TO: COMMISSIONER FOR PATENTS, WASHINGTON, DC 20231, ON:

July 24, 2003

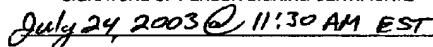
BY

ROBERT S. LELKES

WHO'S SIGNATURE APPEARS BELOW:



SIGNATURE OF PERSON SIGNING CERTIFICATE



DATE &amp; TIME OF SIGNATURE

Commissioner for Patents  
P.O. Box 1450  
Washington, D.C. 22313-1450

Sir:

INFORMATION DISCLOSURE STATEMENT FEE SHEET

Please charge the \$180.00 fee required by 37 CFR §1.17(p) to our Deposit Account No. 04-1512 for the submission of the attached Information Disclosure Statement. If this estimate is incorrect, please charge or credit our account accordingly. A duplicate of this sheet are enclosed.

Respectfully submitted,



Robert S. Lelkes  
Registration No. 33,730  
Phone: +41 1 728 2614

P. O. Box 1967  
Midland, MI 48641-1967

Tel.: (989) 636-7494

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-1 of 1-

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July 24, 2003ROBERT S. LELKES

WHO'S SIGNATURE APPEARS BELOW:

Robert S. Selkes

SIGNATURE OF PERSON SIGNING CERTIFICATE

July 24, 2003 @ 11:30 AM EST

DATE &amp; TIME OF SIGNATURE

Commissioner for Patents  
 P.O. Box 1450  
 Washington, D.C. 22313-1450

Sir:

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Pursuant to Applicant's duty of disclosure under 37 CFR §1.56, the Examiner's attention is directed to the information identified in the attached Form PTO 1449. A copy of all cited patents and printed publications is attached. An IDS fee sheet is submitted concurrently and incorporated herein by reference.

The Examiner is requested to review this information and formulate his own understanding thereof.

Respectfully submitted,

Robert S. Selkes

Robert Lelkes

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**FORM 1449**

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